



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 3812

<b>SERIAL NUMBER</b> 10/736,493	<b>FILING or 371(c) DATE</b> 12/15/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3774	<b>ATTORNEY DOCKET NO.</b> BSCU-134/01US 027060-2723		
<b>APPLICANTS</b> Kenneth P. Reeve, Hopedale, MA; <b>** CONTINUING DATA *****</b> This application is a DIV of 09/855,566 05/15/2001 PAT 6,685,745 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/23/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/JAVIER G BLANCO/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance JB Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 16	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> COOLEY GODWARD KRONISH LLP ATTN: Patent Group Suite 1100 777 - 6th Street, NW WASHINGTON, DC 20001 UNITED STATES						
<b>TITLE</b> Delivering an agent to a patient's body						
<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		